

AUG 25 2000

K002020

510 (K) Summary of Safety and Effectiveness

Submitter: Biomet, Inc.
56 East Bell Drive
P.O. Box 587
Warsaw, IN 46581-0587

Contact Person: Mary L. Verstynen

Product Code: MAI

Device Name: LactoSorb® Meniscal Screw

The LactoSorb® Meniscal Screw is indicated for the repair of vertical longitudinal full-thickness tears (i.e. bucket-handle) in red-red and red-white zones. These devices are not to be used for meniscal tears in the avascular zone of the meniscus.

The LactoSorb® Meniscal Screw is made of bioresorbable and biocompatible polymers that have been used in surgical procedures for years. LactoSorb® resorbable copolymer is synthetic polyester derived from lactic and glycolic acids. Polylactic/polyglycolic acid copolymer degrades and resorbs *in vivo* by hydrolysis to lactic and glycolic acids, which are then metabolized by the body. The LactoSorb® material has been found in animal and clinical studies to be biocompatible in both soft tissue and bone tissue.

Predicate Device:

The LactoSorb® Meniscal Screw is substantially equivalent to the following:

1. LactoSorb® Meniscal Staple K982095

The LactoSorb® Meniscal Screw described in this notification has the same intended use and characteristics as the LactoSorb® Meniscal Staple.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

AUG 25 2000

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Ms. Mary L. Verstynen
Manager of Clinical Affairs
Biomet Inc.
P.O. Box 587
Warsaw, Indiana 46581

Re: K002020
Trade Name: LactoSorb® Meniscal Screw
Regulatory Class: II
Product Code: MAI
Dated: June 30, 2000
Received: July 3, 2000

Dear Ms. Verstynen:

We have reviewed your Section 510(k) notification of intent to market the ~~device referenced~~ above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895.


A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General Regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

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If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or at (301) 443-6597, or at its Internet address "<http://www.fda.gov/cdrh/dsmamain.html>".

Sincerely yours,



for Celia M. Witten, Ph.D., M.D.
Director
Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) NUMBER (IF KNOWN): K002020DEVICE NAME: LactoSorb® Meniscal Screw

INDICATIONS FOR USE:

The LactoSorb Meniscal Screw is indicated for the repair of vertical longitudinal full thickness tears (i.e. bucket-handle) in the red-red and red-white zones. These devices are not to be used for meniscal tears in the avascular zone of the meniscus.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED.)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use yes
(Per 21 CFR 801.109)

OR

Over-The-Counter-Use no
(Optional Format 1-2-96)

[Signature]
(Division Sign-Off)

Division of General Restorative Devices

510(k) Number K002020

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